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ABSTRACT

The author examines gaps in services, especially vocational services, to handicapped adolescents and outlines priorities (including working with families and other community agencies) for meeting those needs. Trends in vocational and career educaticn are reviewed, and the adolescents' socialization needs are addressed. (CL)

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BEGGARS, BUILDERS, BROTHERS

Keynote Address

by

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The Council for Exceptional Children

Barkely Memorial Conference on

The Adolescent and Adult Handicapped:
Living Working and Socializing in the Community

Barkely Memorial Center
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Beggars, Builders, Brothers

It is the nature of the human condition to live, work, and socialize. In fact these three operations constitute practically the totality of human activity. How beautiful to believe Ugo Betti's statement that every person is like a tiny drop of water without which the whole world would thirst. How inspiring to say that each man is to every other man a beggar, a builder, and a brother. Living, working, socializing - what hallmarks characterize these marvelous capabilities that we creatures are so happily endowed with? Dickens described life as "one dem'd horrid grind;" Butler, "one long process of getting tired;" Bailey, "a bridge of groans across a stream of tears;" Emerson, "a perpetual instruction in cause and effect;" Shaw, "a flame that is always burning itself out;" and Barrie, "a long lesson in humility."

Does any of this prose or poetry match the harsh reality of a handicapped adolescent or a handicapped adult's life? They live not as they wish, but as they can. They work not as they wish, but as they can. They socialize not as they wish but as they can. Why? Number one, hardly anyone would deny that primary prerequisites for a full and rich life are physical and mental health and well-being. Yet infant mortality and the incidence of mothers dying in childbirth in the United States is so high that we do not even rank among the top ten nations of the world (Zigler, 1978). The poor quality of prenatal care often found among the handicapped population is a significant factor contributing to this prevalence rate. If the baby of a handicapped teenage pregnancy does survive, what is the prognosis for the "children having children" phenomenon? Two-thirds of our nation's sixty million children receive totally inadequate medical care. Twenty five million receive only marginal care.

Approximately fifteen million children in this society are not examined over the course of the year (Zigler, 1978). Once again, the handicapped tip the scales for a variety of reasons: a lack of understanding of the importance of innoculations, diet, and prevention, the lack of money for pills, shots and medicine. Perhaps they don't have the money because they can't get a job. Should they steal it? Many do. Juvenile delinquency is on the rise and the proportion of handicapped individuals in this category is heavy. More and more are leaving isolated institutions and self-contained communities, and are entering into the mainstream of society. Naturally they want to belong, to associate. A suggestible, gullible mentally retarded youth is a perfect fall guy for a sophisticated, prodding gang. "Hey, you want to join our group?" "Sure!" "Here is a loaded 38. Shoot that man in the head." "Okay." It happens every day.

If they are alone all day at home, so called latch key children of a larger growth, what will these victims of neglect do besides socialize each other in alleys and on street corners, inviting potential confrontations with juvenile authorities, courts and the law? If neglect is a major social problem, child abuse is an even greater national disgrace. The abuse of adolescents, physical, sexual and emotional, constitutes approximately one fourth of all the instances reported (Lourie, 1977). Many people find this hard to believe, thinking that teenagers are larger and stronger than one or both of their parents and can fend for themselves. Actually, and especially in the case of handicapped young adults, they may still be emotionally and psychologically dependent upon their parents or parent surrogates. Research reports high incidences of retardation, neurological problems and impaired emotional functioning are found among physically abused individuals. Conversely, data indicate that abuse and neglect bear a relationship to academic problems,

personality deficits, social maladjustment and juvenile delinquency (Kline, 1977). Partly because of the stress situation inherent in a handicapping condition, more exceptional youths are abused, and vice versa, great numbers of abused individuals become emotionally disturbed or physically handicapped. Furthermore, abuse and neglect seem to escalate. They have a snowballing effect. An abused youngster tends to become an abusing adult. "My old man belted me, so I'm gonna' give it to you."

A parent who abuses a teenager usually has a history of battering, injuring and molesting that same child at a younger age. The child in conflict with his or her family, going through the physical and psychological development of adolescence encounters tasks and events which are mutually provocative, explosive and inciteful. While the teenagers may want to grow up and leave home (and if they're handicapped may not be able to), the parents may retaliate against losing control over their children. In addition, the parents of teenagers have to deal with physical and psychological changes in their own lives. They are getting older, decreasing in energy, going through menopause, seeing their own parents die, worrying about the financial resources of their handicapped youngster being taken care of should they die first, going through a divorce perhaps or through any number of problems that can precipitate frustration and outrage (Lourie, 1977). At any rate, teenage abuse is devastating, and the wounds of the psyche remain long after the welts, bruises and lacerations of the body have healed.

The subject of <u>mental</u> health is a whole enormous galaxy of stars, constellations and meteors in itself. One key facet of mental health is work since work is a personal good. Good jobs enhance mental health; bad jobs do not. Work is the particular activity of the adolescent and the adult, not of the child, the elderly or the infirmed. Work is also a

public good, and should of consequence be regarded as a right, equally accessible to handicapped and nonhandicapped alike. Work can be viewed as a process or as a product. For most adults in present day society no satisfactory alternative to work exists with the same degree of motivation, meaningfulness, reward and satisfaction. Logically, then the loss or denial of work can do damage to the individual and to society, and the availability of work can increase the well being of both. Why? It is not only the process and the product that are important but the value attached to either or both of them by society that is so significant. Furthermore, the possession of a job is a unique source of social intercourse and a supporting aid in coping with living. (Task Panel Reports Submitted to The President's Commission on Mental Health, Vol. II, 1978).

Indeed, there is growing evidence of the need for everyone to be a part of the action, be they group, church, school, civic club, community organization or place of employment. Involvement in these networks provides environmental nutrients that optimize development, reduce alienation, provide means for solving problems and maintain incentives to overcome handicaps and disabilities (Warren, 1977). Grounded in this conviction that the socializing role is vital to work and subsequently to sound mental health, President Carter's Commission on Mental Health established several task panels that will be of direct benefit to handicapped adolescents and adults. Among other recommendations, the Task Panel on Community Support Systems has strongly urged the following action strategies:

> "Mandate all Federal and federally funded state programs for the delivery of mental health services to incorporate plans for the development of social and community support systems for the chronically mentally disabled, especially the deinstitutionalized, including:

- o an organized program of housing, financial assistance, medical, social and vocational rehabilitation services;
- o planned linkages to other human service systems such as education, health, social welfare, the world of work, and religious institutions." (Task Panel Reports Submitted to The President's Commission on Mental Health, Vol. II, p. 156.)

"Supportive services and community ties sensitive to ethnocultural diversity should be bolstered or created for groups with special emotional problems and with special risks of contact with the justice system, especially juvenile and alienated youth populations.

A variety of advocacy services for people with mental disabilities should be mandated through Federal legislation in order to affirm basic rights and entitlements to promote adequately funded services." (Task Panel Reports Submitted to The President's Commission on Mental Health, Vol. II, p. 149.)

The Commission, in turn, has recommended to the President that, "Priority in the new Federal grant program be given to:

a) unserved and underserved areas;

b) services for children, adolescents and the elderly;

c) specialized services for racial and ethnic minority populations; and

d) services for people with chronic mental illness." (Report to the President from The President's Commission on Mental Health, Vol. I, 1978, p. 18.)

The Commission's report goes on at great length to discuss the fact that during the past 20 years many adolescents have struggled in vain to adapt to rapid social changes and conflicting, often ambiguous social values. Troubled adolescents are often placed in mental or correctional institutions without complete diagnosis and follow-up, only to cast the dye for adult disability.

Rectifying the situation will call for strategies developed and executed by Federal, state and local governments, public and private sectors, those in health care services, special education, teacher training, research, personnel planning and community support systems. Certainly, Public Law 94-142, assuring the right to education for all handicapped children from birth through age 21 by 1980, emphasizes the goal of making community education ideas function. It clearly gives the impetus to involve schools in more social services and in more interagency and interdisciplinary cooperation. There is strong support from the U.S. Office of Education. The Commissioner, Dr. Boyer, has said, "It is my determined hope that our schools will educate for effective living (Boyer, 1978). There is considerable agreement philosophically, legislatively, financially and judicially that the policies and practices in both secondary and special education will necessitate change, expansion and extension in order to expedite the goal of effective living, working and socializing.

Some priorities in need of imminent concern and immediate attention by people such as yourselves: teachers, teacher trainers, future teachers, and future teacher trainers are the following: (Reynolds, 1978)

1. Access. Although "equal opportunity for all" is on the books, tough persistent leadership will be required to give it more than lip service, e.g. in increasing a handicapped

student's access to vocational educational education.

2. Age structure. Secondary and adult educators have an unprecedented challenge in responding to the training of all handicapped persons until they are 21 and in providing life long learning opportunities after that.

3. Classification, placement and program structure. It is incumbent upon secondary and higher education to provide special instruction in the least restrictive environment devoid of discriminatory labeling or segregation.

4. Measurement and grading. The stipulations of individualized education programing negate traditional norm referenced testing and call for assessment accommodations to objectives oriented instruction.

5. Curriculum and instruction. A heavy concentration on work skills, social skills, vocational preparation, career planning and basic life skills will be needed, and sometimes unusual techniques of instruction will be required.

6. Working with other community agencies. Coordinating such services as corrections, mental health, and rehabilitation that bring to bear upon the life of a handicapped adolescent present hard new variations on the theme for some teachers.

7. Working with families. Real involvement of parents and the handicapped young adults themselves in constructing the education that they believe will open the door to a better life will take sensitivity on the part of all.

The last point mentioned, working with the family, is undoubtedly one of the most profound and inextricably intertwined changes advanced in the present decade. Yet good parent education programs are woefully lacking around the country. I urge you to extend yourselves and do more to train personnel in home/school communication, relationships,

and involvement at the secondary level. There is considerable evidence that parents can have a positive effect on child growth. However, when the school only initiates contact with the parents over some crisis or negative behavior exhibited by their teenager, the hostility built up between teacher and family can actually accelerate the deviant behavior (Kroth, 1978). Time spent during inservice on parent effectiveness training will reap dividends. Adolescents who come to feel cared about learn to care for themselves and others. This thought is tangential to the issue of affective education.

affective education

How effective is / in our secondary schools? Not very, when we still find many handicapped young adults fearing rejection, loneliness and abandonment. "All persons feel pain when they do not have intimate caring contact with other human beings. As an adolescent feels increasing pain he will concentrate more and more of his energy into dealing with this pain in what may well be inappropriate and possibly dangerous ways" (Larsen, 1978). When this happens, we can be assured nine times out of ten that no adult has convinced the adolescent of his or her self worth, has taught ways to deal with emotions in constructive manners, or has given the guided opportunity to work out conflict situations that require social understanding.

Harry Rosenberg (1978) has this to say about affective education:

> "Affective education is a powerful tool and should be used with discrimination and caution in special education. The need for affective education can be reduced if there is an appropriate academic curriculum, if vocational education is available, and if there is good communication with parents and students."

What about vocational education from the national perspective? The many plugs on television and all the bumper stickers on automobiles urging us to hire the handicapped

are to no avail if they are not adequately trained. And handicapped students are not adequately trained when their education focuses solely on developing knowledge and content information. When employers tell us that the main reason for the vast unemployment of handicapped people is due to their lack of social maturity, it should dawn on us that vocational and career education, to be successful, must emphasize the development of skills - daily living skills, personal-social skills, and occupational skills. In other words, skills to make one a more effective person. All academic skills at the secondary level should be taught as they relate to these competency areas (Brolin, 1976).

This connotation of career education as preparation for total living and viewing vocational education as a component of career education is gaining momentum. The U.S. Office of Education accepts the following definition of career education: "The totality of experience through which one learns about and prepares to engage in work as part of his or her way of living." (Hawkins-Shepard, 1978, p. 98). Brolin (1976, p. 192) says, "Career education is all of education, systematically coordinating all school, family and community components together to facilitate each individual's potential for economic, social, and personal fulfillment." Davis (1978) states that education is preparation for social competence in industry, affecting process and product as well as the people associated with process and product. From D'Alonzo (1978, p. 4) we hear, "Career education for handicapped persons not only encompasses general and vocational education, job information, skill development and leadership training, but also helps students to develop attitudes about the personal, psychological, social and economic significance of work." Vocational rehabilitation programs in recent years have made changes that deal with all services necessary for complete rehabilitation rather than giving undue priority to gainful employment.

If one of the primary goals of secondary school programs for the handicapped is to prepare students for maximum self-sufficiency, certainly it follows that we need to deliver effective career education services to the many numbers of handicapped people who become unemployed or underemployed after leaving school. To me, career education for the handicapped presupposes life long learning and life long teaching, or put differently, moving from secondary to post secondary should mean moving from compulsory to post-compulsory education.

There are changes underway with higher education in this regard, supporting least restrictive environment, nondiscriminatory evaluation, individualized programing and comprehensive personnel development. To be more specific, some colleges and universities acknowledge their accountability to the individual, recognize individual differences, provide individual degree programs and learning contracts that shift the focus from disabilities to the person as a learner possessing certain strengths and weaknesses in need of particular resources (Chickering, 1978). Where such philosophies of life long learning exist we see several things happening: 1) Broadened professional competence - expanding roles, responsibilities, creating new relationships among faculty members, practitioners and specialists; 2) Alternatives to present practices - replacing traditional group lectures and written exams with custom made instruction and experiential learning; 3) Services and support for part time students - modifying the admissions policies and matriculation procedures for handicapped adults who cannot carry a full class load; 4) New strategies for planning and resource management - integrating the teaching learning process that is available in an individual's job, home, community. (Chickering, 1978).

Where this kind of thinking does not exist, reforms are needed. A rigorous pre-service training should develop diagnostic, planning, and evaluation skills, incorporate experiential field components among a large repertoire of teaching competencies necessary to meet individual needs of students.

Teacher preparation programs should provide courses in ethnic and cultural differences, school law, legislation and court cases, and interdisciplinary studies that interface practice and theory (Corrigan, 1978). Inservice education must be predicated on a knowledge of adult learning theory, be built upon the training models of good teachers, and be evaluated by its impact upon the school and larger social concerns, not just upon the individual teacher (Corrigan, 1978).

Throughout continuing and life long career education we must prepare professionals to work with many disciplines, to be educational synthesizers if you will, coordinating relevant community services. And we would do well to follow up on the professionals we have trained as an aid in assessing and improving our own programs. Above all, the single most important prerequisite for all professionals involved in special education is the indefatigable belief that all individuals can learn (Perske and Smith, 1978).

If there is agreement that internal and external disabilities handicap learning, living, social adjustment, and working; then there must be the acknowledgement that improved mobility, health, social attitude, and cognitive functioning will translate into a positive impact on the quality of all of life's activities. Independence will increase. Employability will increase. Communication will increase. Participation in society will increase. The ability to cope will increase.

The consequences are multi-dimensional with both short and long term benefits (Dudek, 1978). This much we know. What we do not know is precisely to what degree vocational adjustment, economic adjustment, personal-social adjustment can be predicted given certain variables. The lack of inconclusive longitudinal follow up studies of job success makes vocational planning a matter of trial and error (Rosen et al., 1978). I urge you and your graduates to conduct research of this practical nature. With the new found freedom in deinstitutionalization and burgeoning placements in the community, such predictor criteria are crucial.

We must do more than perfunctorily list in the curriculum or describe in research global headings of "leisure time activity," or "social skill instruction." P. L. 94-142 provides a rationale for including recreation as part of the individualized education programs. Therapeutic recreation consultants can be called upon to help educators formulate specific goals and objectives for leisure time activities of handicapped individuals. They can provide training opportunities for adults interested in recreation programing (Goldstein, 1977). The President's Committee on Employment of the Handicapped has a subcommittee on recreation and leisure. The National Institute on Community Recreation for Handicapped is a project funded by the Bureau of Education for the Handicapped. The National Consortium on Physical Education and Recreation for Handicapped is composed of individuals from some 40 colleges, universities, state and national agencies actively involved in preservice, inservice, research and demonstration (Nesbitt, 1977). Tap into them. Learn. Give. Share.

Yes, we must be models for what is best in socializing young adults, but it is not enough to be committed ourselves. We must work with groups other than pure bred special

educators. We must involve people who have never even heard of us. It is our responsibility to teach. For example, if a handicapped youth is incarcerated because of violating the law, it is incumbant upon us to help community agencies provide rehabilitative services and continuing education locally rather than sending the individual to a state institution. Or, as was the case in one of our southern states when a young man in a group home became aggressive with his house parent and attacked him with a butcher knife, he was sent back to the house parent's custody. The judge did not know what else to do with him.

Example Number Two: A mentally retarded 29 year old man with 2 children got in a fight with his wife. He could not verbalize his feelings, so grabbed her sanitary napkin, ran into the hall and lit a match to it. Neighbors called the Fire Department. Police arrested him and soon convinced him to confess to setting fires all over the city. He remains in a holding facility for the mentally ill, convicted on second degree arson.

Example Number Three: In taking a needs assessment of what should be taught to the criminal justice system about handicapped offenders, a university professor (Schilit, 1978) sent questionnaires to judges, lawyers, and police officers. In answer to, "What is an IQ?" a state supreme court justice said, "I don't know. I figure the lower it is, the worse the criminal, and so the worse the sentence I give." This same professor offered to teach a special ed class for free to budding young law students. The dean turned him down. He then sent letters to 800 lawyers inviting them to inservice training on the mentally retarded offender. Not a single response was returned.

Our job is far from over. Take the issue of housing discrimination toward the handicapped. In one survey (Trippi, 1978), 100 ads for rent were checked. A subject called. If the landlord said the apartment was still available, the subject called back in

a half hour, saying he was calling for a mentally retarded adult who had employment in the area and was looking for housing. Only 1 person out of the 100 indicated an openness to renting to such an individual.

As depressing as these examples are, we must not lose faith. Once we do that, the light goes out and the sea engulfs us.

> "The educator of the handicapped must realize that handicapped youths are being prepared to live, work, socialize and compete in a society that determines the rules by which they live and that these rules in most instances do not provide exceptions for the handicapped. Therefore, experiences must be planned to prepare youths to live by the rules of society and to succeed by society's criteria" (Dial, 1978).

The opportunities to give these experiences are in our hands. We have a great deal of knowledge. We must use it, and collaborate in constructive activity toward effective advocacy and social change.

Remember, the softness of the rain, the warmth of the sun, and the tender care of the gardener can make a daisy a thing of beauty, while the lack of these will leave a rosebush a withered bramble.

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